



NEW VENTURE SUPPLEMENT

Please complete a separate Colony New Venture Supplement for each Driver

- Colony Insurance Company Argonaut Insurance Company
- Colony Specialty Insurance Company Argonaut Midwest Insurance Company

SECTION I- APPLICANT INFORMATION

1. Proposed Insured Name _____ Phone # _____

2. Proposed Policy Period: _____ Website _____

SECTION II – DRIVER INFORMATION

1. Drivers Full Name: _____ Date of Birth: _____

2. License State: _____ License #: _____ License Exp Date: _____

3. Month/Year CDL was Obtained: _____/_____ List all Certifications, Permits & Endorsements on License:

4. Do you Repossess autos? Yes No If **Yes**, please enter years of Repo experience: _____

5. Have you had any moving violations or accidents in the last 3 years? Yes No
If **Yes**, please provide full details including date and type of violation (attach MVR or separate sheet if necessary):

SECTION III –DRIVER EMPLOYMENT HISTORY

List in order of most recent employer:

Employer #1: _____ Phone # _____

1. Physical Address: _____ Website: _____

2. States Operated: _____ Number of Years Employed: _____ Dates of Employment: _____

3. Indicate if you were a Full Time or Part Time Driver

4. Indicate types of vehicles driven: Bus (seating capacity _____) Van (seating capacity _____)
 Dump Truck Wrecker/Tow Truck Waste Truck Straight/Box Truck Tractor/Semi Trailer Flat Bed Truck
 Other: _____

5. Indicate GVW for Truck types selected in #4 above: Light Medium Heavy Truck or Tractor Extra Heavy Truck or Tractor

Employer #2: _____ Phone # _____

1. Physical Address: _____ Website: _____

2. States Operated: _____ Number of Years Employed: _____ Dates of Employment: _____

3. Indicate if you were a Full Time or Part Time Driver

4. Indicate types of vehicles driven: Bus (seating capacity _____) Van (seating capacity _____)
 Dump Truck Wrecker/Tow Truck Waste Truck Straight/Box Truck Tractor/Semi Trailer Flat Bed Truck
 Other: _____

5. Indicate GVW for Truck types selected in #4 above: Light Medium Heavy Truck or Tractor Extra Heavy Truck or Tractor

SECTION IV-DRIVER SIGNATURE SECTION

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.

Driver Signature

Date

Witness

Date